

Check List for Local Business Tax Receipt

Our mission is to serve the public with integrity, innovation, fiscal responsibility, and respect.

IMPORTANT INFORMATION: Before applying with the Alachua County Tax Collector's office for your Local Business Tax Receipt, please check to determine that your business is located within the correct taxing jurisdiction. All businesses located in the unincorporated areas of Alachua County (**millage code 02, 03, 04, & 05**), must pay their local business tax to the Alachua County Tax Collector. Any business located within Gainesville city limits must pay a local business tax to the city (City Hall). The millage code can be found by looking up the physical address of the business on the Property Appraiser's website: www.acpafll.org.

To apply for your Local Business Tax Receipt with the Alachua County Tax Collector's office, submit **the Application for Local Business Tax Receipt along with ALL required documents** by one of the following methods: e-mail, regular mail, fax or deliver in-person to any of our three locations. Our contact information is listed at the bottom of the application. If any documentation is missing or incomplete your application may be denied. Certain professions are required to produce proof of state registration and/or certification.

Please allow up to 5 business days for review of your application. Upon approval, a notice with the amount due will be sent to your mailing address within 10 business days. The first payment must be made before business opens. All Local Business Tax Receipts expire on September 30th of each year and require renewal on an annual basis. **If payment for renewal is not received by October 1st of each year, past due penalties will apply.**

Exemptions are given to certain persons, if criteria is met, including but not limited to: disabled persons, widows with minor dependents, individuals 65 years of age or older, and disabled veterans. For more information visit: AlachuaCollector.com.

Check List

(Please provide the following, if applicable to your business)

1. A copy of your Home Occupational Permit (for home based businesses only) issued by Alachua County Codes Enforcement.
 - a. If your business is home-based, **PRIOR** to applying for the Local Business Tax Receipt you must obtain a Home Occupational Permit from Alachua County Codes Enforcement. **If you do not own the home, in order to obtain a Home Occupational Permit you must provide Alachua County Codes Enforcement with a notarized letter from the landlord/home-owner, stating that you are authorized to run a business from the indicated residence.** You may contact Alachua County Codes Enforcement at:

PH: (352) 374-5243
10 SW 2nd Ave
Gainesville, FL 32601
2. A copy of your Florida driver's license or Florida identification card.
3. A copy of any Florida state license or certification required for your profession or occupation.
4. If a fictitious name is being used, please include proof of fictitious name registration with the State of Florida. For information regarding fictitious names you may visit the Division of Corporations website at: www.sunbiz.org or call: **(850) 245-6058**. Hearing/Voice Impaired may call: **(850) 245-6096 (TDD)**.
5. A completed Application for Local Business Tax Receipt (which must include the following):
 - a. Federal Employer Identification Number or your Social Security Number.
 - b. The physical address where the business is located. A post office box will only be accepted as a mailing address.



Visit Us Online at:
www.AlachuaCollector.com

Downtown Location: 12 SE 1st Street, Gainesville, FL 32601
 Southwest Location: 3837 Windmeadows Blvd, Gainesville, FL 32608
 Northwest Location: 5801 NW 34th Blvd, Gainesville, FL 32653

Application for Local Business Tax Receipt

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1. BUSINESS/OWNER INFORMATION

Business Name:			Name of Applicant (Owner) and Job Title:		
Physical Address of Business:			Mailing Address of Business:		
City:	State:	Zip:	City:	State:	Zip:
Type of Business (be specific):		Start Date:	Email Address:		
Business Phone:	Cell Phone:		Federal Employer ID or Social Security No:		

CHECK BOX IF YOUR BUSINESS NAME OR ADDRESS HAS CHANGED IN THE PAST YEAR AND ATTACH DETAILS OF THE CHANGE(S).

2. BUSINESS SPECIFICATIONS

Only complete areas in this section that are applicable to your business. Otherwise, leave blank. (Tax due is based on the information provided.)

Enter value of inventory:	Enter quantity of each applicable item in the boxes provided:	
Retail Cost \$	Number of workers employed, including owner.	
	Number of vehicles operated.	
	Number of seats/accommodations (applies to restaurants).	
Wholesale Cost \$	Number of rooms/apartments rented.	
	Number of gas pumps (persons that can pump at one time).	
	Number of coin-operated machines (attach list of type, vending price, and number).	

3. APPLICANT'S ATTESTMENT

I _____, ON THE DATE OF _____, ATTEST THAT I HAVE READ AND
(Applicant Must Print Name)

ACCEPT THE TERMS AND CONDITIONS ASSOCIATED WITH THIS APPLICATION AND THAT ALL INFORMATION IS TRUE AND CORRECT. I UNDERSTAND I AM PAYING A BUSINESS TAX ONLY AND THAT I MUST MEET ALL APPLICABLE ZONING, COUNTY, AND STATE REQUIREMENTS BEFORE I CAN OPERATE A BUSINESS, PROFESSION, OR OCCUPATION.

NOTICE: PAST DUE PENALTIES ARE ADDED AFTER OCTOBER 1st OF EACH YEAR. FAILURE TO PAY THE BUSINESS TAX WITHIN 150 DAYS OF NOTIFICATION WILL RESULT IN AN ADDITIONAL PENALTY OF \$250.

PLEASE EMAIL ALL REQUIRED DOCUMENTS ALONG WITH THIS APPLICATION.